

TREATING SECONDARY VICTIMS

Intervention With the Nonoffending Mother in the Incest Family



书馆

VIRGINIA C. STRAND

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Intervention --- **With the** --- **Nonoffending** --- **Mother** --- **in the** --- **Incest Family** ---

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TREATING SECONDARY VICTIMS

This book is dedicated to the hundreds of mothers of sexually abused children who have shared their lives with me and from whom I have learned most of what I know about the experiences of the nonoffending mothers of sexually abused children.

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1



UNDERSTANDING THE IMPACT OF INCEST ON THE NONOFFENDING MOTHER

What is special about doing psychotherapy with the nonoffending mother in the incest family, and why might a book devoted to this topic be important? When I first began to work with children who had been sexually abused and their family members, there was little to guide my understanding of the mother's unique dilemma. Yet it became apparent to me early on that to truly help children who were molested by parental figures, not only were more effective treatment strategies needed for the children but for the nonoffending mothers and offenders as well. Whether the offender was the father, stepfather, or even the mother's boyfriend, the necessity for intervention and treatment with the mother and her partner, if she was going to reunite with him, became evident. In most cases that I was treating early on, the children continued to live with the mother following disclosure, and the offender was out of the home. The nature of the mother's relationship with her

children affected treatment outcomes for the children. The children's success in treatment appeared to be mediated by how supportive the mother could be, how effective her parenting skills were, and how much she endorsed the importance of therapy for her children.

Removing children to protect them from sexual abuse at home is sometimes necessary, but it is not a sufficient response to the problem of family sexual abuse. Even when a child is placed in out-of-home care, there is usually an obligation on the part of the public child welfare system to put in place services to help remedy the problem that brought a child into care in the first place. (With the passage of the *Adoption and Safe Families Act* in 1997, there may be some exceptions to this if sexual abuse is severe enough to be defined by a state as an "aggravating circumstance" that would excuse the public child welfare agency from its obligation.) Thus, intervention with the nonoffending mother is almost always a significant step in any intervention with sexually abused children. However, one tenet of this book is that intervention with the nonoffending mother for the purpose of helping her parent her child is a necessary but not sufficient goal for intervention. The mother may need to be approached as a secondary victim to trauma and her needs understood in regard to the resolution of that trauma, as well as in regard to her development of self and her functioning in the social roles of wife or sexual partner, companion, worker, and so on and not just her role as the mother of a sexually abused child.

Social workers and other mental health professionals traditionally have focused on interventions with individuals and families to resolve difficulties such as family sexual abuse. This indeed will be the emphasis in this book. It is important to note, however, that a body of opinion (Pelton, 1985) believes that clinicians have contributed to the "medicalization" of the problem of child abuse through the therapeutic focus on individual and family pathology and, consequently, "treatment" as the remedy. This focus on the individual, it is claimed, minimizes the role that male domination and institutional oppression of women and children has in the etiology of the problem (Fausto-Sterling, 1985; Van Den Bergh, 1995).

The purpose of this book is to provide a conceptual framework for the intervention and treatment of the nonoffending mother in the incest family. An effort will be made to explore the interaction of gender, race, and class with individual family experiences to avoid the pitfall of "decontextualizing" the woman and pathologizing a response that may or may not be a maladaptive coping response to her life situation. A specific treatment approach is outlined, and, where practical, suggestions for specific strategies are incorporated. I rely on case examples throughout to help the reader understand how the interventions I describe might be carried out. Although

women with a common experience (the sexual molestation of their children by a sexual partner) are the focus of the book, it cannot be stressed enough that this group of women is extraordinarily heterogeneous in that each woman's life experience (due to factors such as social class, race, age, religion, immigration status—the list is endless) is unique. Contextual factors must be an important consideration for any generalizations about intervention to be operationalized in a meaningful way.

A limitation of the proposed framework for intervention is that it is not empirically based. It has, as its foundation, my work with hundreds of mothers in evaluation and treatment over two decades in both agency and private practice settings. Importantly, although agency clients were public clients in general, public agency clients also have been a focus of my private practice. This has given me experience over the years with mothers from many different racial, ethnic, and socioeconomic groups.

One of my goals in publishing this book is to stimulate discussion and critical thinking about our current interventions with nonoffending mothers. This interest stems from my observation that the nonoffending mother has not received as much attention in the literature as the child and adult victim and the adolescent and adult offender. It is hoped that this book will highlight the need for additional research with the nonoffending mother, particularly research that tests interventions and evaluates outcomes.

Definitions

In this book, the term *incest* will be used interchangeably with *family sexual abuse*. *Family sexual abuse* is defined as sexual contact between a child and father or other male in that role. Sexual contact is defined to include fondling, oral-genital interaction, attempted intercourse, and intercourse. The focus is on the nonoffending mother whose child or children have been sexually abused by her partner—be that her husband or “significant other.” This is to emphasize the particular issues for the mother whose child is molested within the context of the family unit. Although the accent is primarily on the mother who is parenting her children at the time of a disclosure of sexual abuse, I will also address the consequences for the mother whose child, for one reason or another, may not be with her at the time of disclosure.

Many of the dynamics and strategies discussed will be applicable to mothers of adult children. Although some dynamics also will apply to the mother whose children are molested by other than the mother's partner, there are enough differences, I believe, to warrant a separate focus in this book on the nonoffending parent in family sexual abuse cases. The central

distinction, it seems to me, is the significance of the mother's emotional, sexual, and financial ties to the offender in instances of family sexual abuse.

Developments in the Field of Child Sexual Abuse Relevant to the Nonoffending Mother

The lack of attention to the nonoffending mother in the literature on child sexual abuse is readily documented. The early literature on the mother in the incest family appears to reflect the influence of psychodynamic theory alone. The major book at that time, Weinberg's (1955) *Incest Behavior*, labeled the mother as unprotective and collusive. Kaufman, Peck, and Taguiri (1954), for example, viewed the mother's behavior as nonprotective and, in some cases, as contributing to the incest. They suggested that this behavior stemmed from the mother's own psychopathology, which was rooted in experiences of deprivation in her own family of origin. The anger and resentment felt toward her own mother was projected onto the daughter, who was then given special treatment and adult responsibilities, including the responsibility for a sexual relationship with the mother's husband or partner.

In the late 1960s and 1970s, the nonoffending mother in the incest family often was blamed for the abuse, in some instances more so than the offending parent. What literature existed tended to identify the mother as inadequate and conspiratorial. Meiselman (1978), for example, suggested that the mother's behavior was a result of her own individual psychopathology. Prominent features of this were passivity, dependency, and masochism on the part of the mother, as well as her inability to function adequately sexually. Others described the mother as often aware of the incest but failing to act protectively by reporting it to authorities (Anderson & Shafer, 1979; Machotka, Pittman, & Flomenhaft, 1967). A number of authors maintained that incestuous relationships between fathers and daughters were exacerbated, if not caused, by the mother forsaking her role as wife by refusing sexual intercourse (Gutheil & Avery, 1977; Meiselman, 1978) and failing in her maternal duties (Eist & Mandel, 1968). Justice and Justice (1979) were very explicit about the mother's contribution, stating that nonoffending mothers were "colluding and indirectly involved when her husband carries on sexual activity with her daughter. In either case, she cannot escape sharing responsibility for the problem" (pp. 96-97).

In the 1980s, although practitioners and researchers interested in the phenomenon of family sexual abuse paid some attention to the mothers in in-

cest families, by and large the victim and the perpetrator received far more attention. Russell (1984) gave us groundbreaking prevalence data in her landmark study. She identified 38% of adult women with a history of incestuous or extrafamilial child sexual abuse prior to age 18. The characteristics of child and adolescent incest victims (Adams-Tucker, 1980; Briere, 1987; Briere & Runtz, 1986; Finkelhor, 1989; Goodwin, 1988; Johnson, 1989; Kolko, Moser, & Weldy, 1988; Lipovsky, Saunders, & Murphy, 1989; Vander Mey & Neff, 1988), short- and long-term effects of victimization (Briere, 1987; Conte & Schuerman, 1987; Lindberg & Distad, 1985; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Wyatt & Mickey, 1987; Wyatt & Powell, 1988), the plight of adult "survivors," and a variety of treatment approaches for working with sexual abuse victims (Berliner & Wheeler, 1987; Blake-White & Kline, 1985; Briere, 1989; Conte, 1984; Conte & Berliner, 1981; Courtois, 1988; Faller, 1988a, 1988b; Gelinis, 1983; Giarretto, 1992; James, 1989; MacFarlane, 1986; Walker, 1988) were elaborated over the 1980s. Likewise, continuing attempts to develop a topology of offenders (Abel, Becker, Murphy, & Flanagan, 1981; Abel, Mittelman, Becker, & Djenderedjian, 1978; Abel et al., 1989; Knight, 1989; Knight, Carter, & Prentky, 1989; Summit & Kryso, 1978), present theoretical explanations for the motivation to sexually abuse (Carnes, 1984; Groth, 1979; Johnson, 1988), and describe treatment approaches for the sexual offender (Abel et al., 1984; Faller, 1988a, 1988b; Giarretto, 1992; Knopp, 1984; Lang, Pugh, & Langevin, 1988; Marshall & Barbarbee, 1988; Mayer, 1988; Smith & Wolfe, 1988; Steen & Monnette, 1989), including the incest offender, began to dominate the literature in the field.

When the nonoffending mother received attention, until recently, it has been to paint a portrait largely based on an understanding of individual psychopathology (Zuelzer & Reposa, 1983) rooted in drive theory or to provide descriptive information of interpersonal, interactional dynamics characteristic of the mother-child, mother-husband or mother-partner, or family relationships. Clark, O'Neil, and Laws (1981) specified that "incest usually requires the passive cooperation of the wife" (p. 19). Sgroi (1984) looked at interactional styles of the mothers in her sample and described two categories of mothers: those who are wives of dependent men and those who are wives of dominant men. Not surprisingly, the former tend to be characterized as cold and domineering and the latter as passive and unassertive, all rather negative attributes. Other attributes that characterize the mother were identified as the inability to trust, "psychological absence" or the lack of psychological investment in relationships with both their children and partners, impaired

self-image, denial, unrealistic expectations of husbands and children, impaired communication, impaired socialization, and a lack of assertiveness (Sgroi, 1984).

Although Myer noted as early as 1984 (based on her study of 43 mothers) that the mothers in incest families should not be considered a monolithic group but in fact reflect as much diversity as any other population, her results and subsequent research by others have only been slowly integrated into clinical practice. Myer (1985), for example, discovered that mothers fell into at least three groups in terms of their responses to a disclosure of incestuous behavior by their spouse or partner. Almost one half responded protectively, about one quarter was immobilized although not disbelieving, and about one quarter rejected their daughters. Important new understandings about the role of denial in the mother's response following disclosure have been elaborated with a research focus on the mother. Myer suggested that denial on the part of the mother may reflect the first part of a grief reaction, followed by "guilt, depression, anger and finally acceptance" (p. 55).

Notably, Salter (1988), although writing about the treatment of sex offenders and victims, contributed a useful framework for treatment with the nonoffending parent as well, perhaps because of her understanding of the dynamics in sexual offending. She maintained that for treatment to be effective with the offender, he needed to take emotional responsibility for the abuse and stop minimizing, externalizing, and projecting blame onto others. She described the goals of treatment as follows: "Each parent must take responsibility for his or her own behavior and not the other's. *Spouses are responsible for abuse only if they are involved in sexual abuse.* They are responsible for denying and minimizing if they do so" (Salter, 1988, p. 67).

The undertaking of empirical research with the mother in the incest family has begun to provide information that challenges the notion of the collusive and nonprotective mother. Sirles and Franke (1989), in their study of the reactions to disclosure in a group of 193 mothers from a treatment program, found that the overwhelming majority of mothers believed their children's reports of abuse. They conclude that there are "a variety of factors involved in a mother's decision to believe or disbelieve her child's report of intrafamily sexual abuse. Generalities about mothers in these families are unwarranted" (p. 136). The proportion of "believing" mothers in their sample was consistent with that found by Pierce and Pierce (1985), whose sample was drawn from the files of a social service agency, and DeJong (1988). In DeJong's study, mothers who had brought their children for a routine medical follow-up were studied. Results indicated that 71% were supportive, meaning that they believed their children.

Studies then began to refine our understanding of the relationship between support at disclosure and other variables in the mother's background. Everson, Hunter, Runyon, Edelson, and Coulter (1989) explored the degree of the nonoffending mother's support of the sexually abused child following disclosure. They found an inverse relationship between maternal support and recency of relationship with the perpetrator. Faller (1988a, 1988b) found a similar relationship in her study of three groups of mothers: those living with a biological father, those living with a stepfather, and those in which the perpetrator was the noncustodial father. Mothers no longer married to or living with the perpetrator were significantly more supportive than other mothers. Importantly, however, she noted that none of the mothers could be labeled *collusive*; in the group not living with the perpetrator, they were significantly more supportive.

In the 1990s, the literature continued to emphasize work with the victim and offender and, if anything, was extended. Increasingly, researchers and clinicians have explored and described attributes of different populations of child, adolescent, and adult victims (Berliner, 1992; Berliner & Conte, 1990; Boney-McCoy & Finkelhor, 1996; Gomes-Schwartz, 1990; Kendall-Tackett, William, & Finkelhor, 1993; Leitenberg, Greenwald, & Cado, 1992; McLeer, Deblinger, Henry, & Orvaschel, 1992; Saunders, Arata, & Kilpatrick, 1990) and introduced insightful and carefully described clinical and treatment accounts (Briere, 1992; Ciotto & Madonna, 1996; Cohen & Mannarino, 1998; Freidrich, 1990, 1991; Gil, 1991, 1996; Gil & Johnson, 1993; Herman, 1992). Work with offenders also has increased (Becker, 1990; Elliott & Briere, 1992; Freeman-Longo, Bird, Stevenson, & Fiske, 1995; Horton, Johnson, Roundy, & Williams, 1990; Marshall & Anderson, 1996; Prentky & Burgess, 1990; Schwartz & Cellini, 1995, 1997). The emergence of repressed memories as a major clinical feature spawned a major controversy (Alpert, 1995; Courtois, 1992; Fredrickson, 1992; Ofshe, 1994), with many implications for clinicians.

By 1990, a number of descriptions of treatment interventions with mothers began to appear in the literature (DelPo & Koontz, 1991; Hagood, 1991; Strand, 1990, 1991). They were few and far between when compared to the expanding volume of work on victims and offenders. A focus on the mothers that was again tinged with a negative connotation was the concern that mothers in divorce and custody battles were manufacturing false allegations of child sexual abuse (Gardner, 1987). In fact, research (Faller, Corwin, & Olafson, 1993; Thoennes & Tjaden, 1990) indicates that it is incorrect to assert that such a trend exists. The study by Thoennes and Tjaden (1990), the only one to involve a large, national sample, resulted in the finding that (a)

only a minority of cases involving divorce results in custody or visitation disputes, and (b) of that group of contested cases, only a tiny minority involves allegations of suspected child sexual abuse. Furthermore, in most cases of suspected abuse, the allegations were substantiated.

Gomes-Schwartz (1990) evaluated reactions on disclosure and personality characteristics of 158 nonoffending mothers of sexually abused children. She found that 82% of the mothers acted to protect their children either consistently or some of the time and that 70% did not punish the children on disclosure. In addition, 90% displayed moderate to strong concern for the child. This finding is consistent with that of Pellegrin and Wagner (1990). In their study of the decision-making process of Child Protective Services (CPS) caseworkers' decisions to remove the child in cases of child sexual abuse, they discovered that caseworkers rated 65% of the mothers as totally believing their children and only 7% as totally disbelieving.

Gomes-Schwartz (1990) also concluded that most mothers "did not have serious emotional problems that would immediately identify them as candidates for psychiatric treatment. In fact, only 18 percent had prior psychiatric care" (p. 121). Dadds, Smith, and Webber (1991), in their comparison of incest families with a matched control group, found that incest families were "not marked by frank psychopathology" (p. 582). They also found no difference between the clinic and control group in relationship to marital satisfaction. Elbow and Mayfield (1991), in their study of 24 mothers in cases of father-daughter incest, found that most mothers (83%) believed their children.

Humphreys (1992), in a study of mothers at disclosure, posited a "continuum of belief" along which mothers fall. She found, for example, that at disclosure, most mothers *acted* in a manner consistent with belief but vacillated between degrees of cognitive belief and emotional acceptance of the reality of the abuse. Leifer, Shapiro, and Kassem (1993) contributed to the understanding of factors that might affect the mother's ability to be supportive at disclosure. In her study of the impact of maternal history on foster placement and adjustment of sexually abused girls, she reported that mothers who abused substances and had little social support were less likely to be supportive of their children following disclosure.

A recent study by Deblinger, Hathaway, Lippmann, and Steer (1993) more emphatically challenged the negative assumptions regarding the mothers. The study explored the differences between "incest" mothers and others. A group of 36 such mothers was compared to a group of mothers whose children were also molested by relatives, but not by partners, as well as to a group